

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
- ☒ This is an **amended*** Statement of Organization

* An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM
DR-1

(Rev. 06/97)

STATEMENT
OF
ORGANIZATION

For Office Use Only

Comm. # 9060
 Indexed _____
 Audited _____
 Computer WRS

COMMITTEE NAME (Required by law)

Dickinson County Democrats

IMPORTANT: Indicate type of committee you are reporting for:

7

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER

(This address used for all reminders and correspondence)

Name

Margaret Wegner

Mailing Address

15560 Landings Ave.

City, State Zip Code

Spirit Lake, IA 51360Home Phone (712) 336-2260Day Phone (515) 229-0842

COMMITTEE CHAIR

(List additional officers on separate page)

Name

Bob Koepf

Mailing Address

1212 11th Street

City, State Zip Code

Milford, IA 51351Home Phone (712) 338-2609Day Phone () skoepf@milfordcable.net

INDICATE PURPOSE OF COMMITTEE - Check One Box



To support or oppose candidate(s)



To support or oppose ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: _____

District: _____

Political Party (if applicable) _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____

Date of Election: _____

Bank Account Name

↓ ↓

Dickinson County Democrats

Name of Financial Institution/Type of Account ↓ ↓

Bank Midwest checking + savings

Mailing Address ↓ ↓

P.O. Box 979

City ↓ ↓

Okoboji, IA

State ↓ ↓

Zip ↓ ↓

51355

Candidate Name & Address or Parent Entity (PACs, if applicable),

↓ ↓

Affiliate, or Sponsor

Mailing Address ↓ ↓

City ↓ ↓

State ↓ ↓

Zip ↓ ↓

Home Phone () _____

Day Phone () _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE

(3) DONATED TO CHARITABLE ORGANIZATION

(CANDIDATES ONLY)

(specify) _____

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Signature of Candidate or Chairperson (if a PAC)

Date Signed

Date Signed